## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

50623.311

| (Column 1) (Column 2)   |  |   |  |  |                        |                                 |     | SMALL ENTITY TYPE  |                        |    | OTHER THAN OR SMALL ENTITY |                        |  |
|---|--|---|--|--|------------------------|---------------------------------|-----|--------------------|------------------------|----|----------------------------|------------------------|--|
| TOTAL CLAIMS  |  |   | 41   |  |                        |                                 |     | RATE               | FEE                    | 7  | RATE                       | FEE                    |  |
| FOR   |  |   | NUMBER FILED                                 |  | NUMBER EXTRA           |                                 |     | BASIC FEI          | +                      | OR | BASIC FEE                  | <del> </del>           |  |
| TOTAL CHARGEABLE CLAIMS   |  |   | <i>Ų                                    </i> |  | * 21                   |                                 | ·   | X\$ 9=             |                        | OR | X\$18=                     | 328                    |  |
| INDEPENDENT CLAIMS  |  |   |  |  | , ·<br>                | 1                               |     | X43=               |                        | OR | X86=                       | 26                     |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |   |  |  |                        |                                 |     | +145=              |                        | OR | +290=                      | 0                      |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |  |                        |                                 |     | TOTAL              |                        | OR | TOTAL                      | 1234.                  |  |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |  |                        | (Column 3)                      |     | SMALL              | ENTITY                 | OR | OTHER<br>SMALL             |                        |  |
| ENT A   |  | CLAIMS REMAINING AFTER AMENDMENT            |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO  | ST<br>ER<br>JSLY       | PRESENT<br>EXTRA                |     | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
| <b>AMENDMENT A</b>  | Total  | *   | Minus  | **                                     |                        | =                               |     | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
|   | Independent                                    | * ENTATION OF MI                            | Minus  | ***                                    | 71 A184                | =                               |     | X43=               |                        | OR | X86=                       |                        |  |
|   | FIRST FRESE                                    | NATION OF ME                                | JETIPLE DEF                                  | ENDENT                                 |                        |                                 | ۱ [ | +145=              |                        | OR | +290=                      |                        |  |
|   |  |   |  |  |                        |                                 |     |                    |                        | OR | TOTAL<br>ADDIT. FEE        |                        |  |
|   |  | (Column 1)                                  |  |  |                        |                                 |     |                    |                        |    |                            |                        |  |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHES<br>NUMBE<br>PREVIOU<br>PAID FO  | R<br>ISLY              | PRESENT<br>EXTRA                |     | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus  | **                                     |                        | =                               |     | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
|   | Independent                                    | * -   | Minus  | ***                                    |                        | =                               | İŢ  | X43=               | •                      | OR | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                        |                                 |     | +145=              |                        | OR | +290=                      |                        |  |
|   |  |   |  |  |                        |                                 |     | TOTAL<br>DDIT, FEE |                        | OR | TOTAL<br>ADDIT, FEE        |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |   |  |  |                        |                                 |     |                    |                        |    |                            | •                      |  |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT   |  | HIGHES<br>NUMBE<br>PREVIOUS<br>PAID FO | R<br>SLY               | PRESENT<br>EXTRA                |     | RATE               | ADDI-<br>TIONAL<br>FEE |    | RATE                       | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *   | Minus  | **                                     |                        | =                               |     | X\$ 9=             |                        | OR | X\$18=                     |                        |  |
|   | Independent                                    | *   | Minus  | ***                                    |                        |                                 |     | X43=               |                        | OR | X86=                       |                        |  |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |  |                        |                                 |     | · -                |                        | ١  |                            |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20.  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |  |  |                        |                                 |     |                    |                        |    | •                          |                        |  |
| · 1   | i ine "Highest Nur<br>The "Highest Num         | mber Previously Paid<br>ber Previously Paid | IO FOR IN THIS For" (Total or                | SPACE is le<br>Independent)            | ess than<br>) is the I | 3, enter *3.*<br>nighest number |     | . –                | ropriate box           |    |                            | . :                    |  |